

UBCMJ Author Submission Guidelines

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About UBCMJ

The University of British Columbia Medical Journal (UBCMJ) is a student-driven academic journal with a goal to engage students in dialogue in medicine. Our scope ranges from original research and review articles in medicine to medical trends, clinical reports, and commentaries on the principles and practice of medicine. We strive to stimulate critical and independent thinking, to encourage collaborative production and cross-disciplinary communication, and to maintain a high level of integrity and accuracy in our work.

Online Submission System

All new manuscripts are submitted online via OJS, our [online submissions system](#). New authors are required to register an account as “Author” and select “New Submission” after logging in. Please direct questions to the Managing Editors at managing.editor@ubcmj.com. Please refer to the [Submission Checklist](#) to ensure documentation is complete. **When submitting revisions during the review process, continue uploading appropriately titled files to the same OJS submission rather than creating a new submission.**

Author Eligibility

Authors must acknowledge and declare any sources of funding or potential conflicting interest, such as receiving funds or fees by, or holding stocks and benefitting financially from, an organization that may profit or lose through the publication of the submitted paper. **All authors must submit a [COI Disclosure form](#) as a supplemental document on OJS.** Declaring a competing interest will not necessarily preclude publication but will be conducive to *UBCMJ*'s goal of transparency. If the article is accepted for publication, the editors will discuss with the authors the manner in which such information is to be communicated to the reader. *UBCMJ* expects that author(s) of accepted articles do not have any undisclosed financial ties to or interest in the makers of products discussed in the article.

In the interest of full transparency, no current members of *UBCMJ* staff will be permitted to publish in the journal, except for those officially invited in a staff writer capacity. This policy is intended to limit potential conflicts of interest. All former

members of *UBCMJ* staff are exempted from this policy, as they will not have involvement in the workings of the journal at the time of their submission.

Article Originality

Authors must declare that all works submitted to *UBCMJ* contain original, unpublished content and have been referenced according to Vancouver style. Written content which displays excessive similarity to previously published works, including works written by the submitting authors, will not be published by *UBCMJ*. This policy is consistent with the [UBC policy on plagiarism](#) (please see 2.2) and with the [International Committee of Medical Journal Editors' Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#). *UBCMJ* editorial staff reserves the right to request revisions, to deny publication or to require retraction of submitted or published work that contains clear violations of this policy.

Ethics

UBCMJ expects that research involving human participants or animal subjects will adhere to the appropriate national standards for research ethics, such as those set out in the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#) and the [Canadian Council on Animal Care Guidelines](#). Researchers should also have received approval from the appropriate institutional review board, and the approved protocol must be documented in the text of the manuscript. Further documentation of this approval may be requested by *UBCMJ* Editors. Where the research reports contain any information that could potentially be used to identify a person, including images and written information, the researchers must obtain written consent from such individuals.

Article Types and Content

We seek to establish ourselves as one of the leading student-driven publications in Canada and internationally and expect high-quality submissions. We accept submissions in all areas of medicine, including but not limited to research, reviews, case reports, medical history, ethics, medical anthropology, epidemiology, public health, and international health. For more information for each article type, please refer to the text following the table.

Category	Article Type	Description	Requirements
Academic Research	Full-length Articles	Student-driven research projects	<ul style="list-style-type: none"> • 3000-words for body* • 250-word structured abstract* • Principal investigator/supervisor must be listed as last author
	Research Letters	Concise, focused reports of original research	<ul style="list-style-type: none"> • 800-words for body* • No abstract • Principal investigator/supervisor must be listed as last author
Case Reports	Case Reports	Summary of patient encounters in a clinical or public health setting	<ul style="list-style-type: none"> • 1500-words for body* • 250-word abstract* • Principal investigator/supervisor must be listed as last author
Reviews	Reviews	Critical assessment of literature focusing on the body of scientific work	<ul style="list-style-type: none"> • 1750-words for body* • 250-word abstract* • PI or Supervisor must be listed as last author • OR If review was conducted independently, author must provide an “expert” sponsor, such as a faculty member in the same research discipline

News and Letters	News Articles	Highlight current events in the field of medicine	<ul style="list-style-type: none"> • 750-words* • No abstract • Author must provide a supervisor or an “expert” sponsor, such as a faculty member in the same research discipline
	Letters to the Editor	Letters discussing a past or present article published in <i>UBCMJ</i>	<ul style="list-style-type: none"> • 250-words* • No abstract
Commentaries	Commentaries	Subjective pieces in virtually any topic in medicine, research, discovery, education, ethics, and health policy	<ul style="list-style-type: none"> • 1000-words for body* • 100-word abstract* • If subject pertains to clinical practice or medical treatment, author must provide a supervisor or an “expert” sponsor, such as a faculty member in the same research discipline

*All word counts are **strong** recommendations, though we will allow for reasonable variability.

Academic Research

Research articles report student-driven research projects and succinctly describe findings in a manner appropriate for a general medical audience. The articles should place findings within the context of current literature in their respective disciplines.

Full-Length Articles should approximate *3000 words* excluding abstract, figures, tables, and references. The main text must be structured with sections ordered as follows: Introduction, Materials and Methods, Results, Discussion, Acknowledgements (if any), References, Conflicts of Interest (if any), Figures and Tables (if any). An appropriate Discussion section should include an explanation of

the findings in the context of the existing literature, provide a thorough overview of the study's limitations, and provide brief statements outlining the study's implications. Subheadings within sections are encouraged if they facilitate the presentation of the material. Each full-length article must include a structured abstract should approximate *250 words* with sections ordered as follows: Objectives, Methods, Results, Conclusions. Figures and tables should be presented in the same document as the main text, at the end of the document. High quality figures and tables should **also** be separately uploaded as supplemental documents on OJS.

Research Letters summarize research of a shorter length and depth. These do not require extensive elaborations regarding methods or results. Research letters should approximate *800 words* with a maximum of *2 figures or tables*. Abstracts are not required for research letters.

Case Reports

Case Reports describe patient encounters in a clinical or public health setting. The main text should approximate *1500 words*. Abstracts are unstructured and must approximate *250 words*. The case should provide a relevant teaching point for medical students, either by describing a unique condition or by presenting new insights into the diagnosis, presentation, or management of a common condition. Each case report should include a brief introduction that provides background information pertinent to the case, a history of the presenting problem, a discussion of relevant signs, symptoms, diagnostic tests, pathophysiology of the condition, and potential treatment options. A clear rationale for the ultimate diagnosis and treatment plan should be outlined.

Reviews

Reviews provide an overview of a body of scientific work in academic literature or a medical trend in biomedical research. Reviews may outline a current medical issue or give insight into the principles of practice of a clinical field. The main text should approximate *1750 words*. Abstracts are unstructured and should approximate *250 words*. Author(s) may choose to review the etiology, diagnosis, treatment, or epidemiology of a specific disease. Articles may also provide a survey of literature dealing with pertinent philosophy or social sciences.

News and Letters

Abstracts are not required for News and Letters submissions. There are 2 main types of submissions:

1. **News Articles** highlight current events in the field of medicine as well as significant medical advancements. Articles should approximate *750 words*.
2. **Letters to the Editor** are meant for readers to express their opinion in response to any articles published in past issues of *UBCMJ*. Articles should approximate *250 words*.

Commentaries

Commentaries provide a platform for intellectual dialogue on topics relevant to the study and practice of medicine. Articles submitted to this section should correspond to one of the following descriptions outlined below. Commentaries should approximate *1000 words*. Abstracts are unstructured and should approximate *100 words*. There are 2 main types of submissions:

1. **Subjective pieces** relevant to medical studies, life as a future physician, or the current social context of medicine. Commentaries may draw on personal experiences to convey the writer's perspective.
2. Articles that highlight the **significance** of an interesting research study or topic from a clinical perspective. In critiquing published work, author(s) should summarize the research methodology and findings, critically evaluate the experimental design, suggest future experiments, and discuss current research trends in that field.

Preparation and Submission Requirements

All manuscripts must be submitted in electronic format through the [online submission system](#). Formatting must conform strictly to the [ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#), also known as the Vancouver Style.

Files should be submitted as Microsoft Word documents (.doc or .docx) and follow the submission format (found in **Appendix 1**). **Manuscripts not conforming to UBCMJ style will be returned with a request for revision.** Articles should be written in a manner that conveys professionalism and is appropriate for a journal suitable for the quality and calibre of our publication. Manuscript pages must be numbered consecutively with the title page constituting page 1.

Cover Letter

A cover letter should be included in the online submission and uploaded as a **separate document** to the manuscript, under “Supplemental Files”.

The cover letter should include:

- A statement indicating that the paper is being submitted for consideration for publication in *UBCMJ*.
- The type of submission (e.g. Academic Research, Case Reports, Reviews, News and Letters, Commentaries) and up to 5 keywords (MeSH headings) describing the article.
- Preferably, up to 3 recommendations for faculty reviewers. While this is not required to complete the submission, this step is pivotal to our review process. Authors must suggest reviewers that will be able to critically appraise all aspects of the paper. Please be aware that reviewers will sign a statement of disclosure indicating any potential conflicts of interest in reviewing the manuscript.
- If required, the name, qualifications, and contact information of a faculty member who has agreed to sponsor the article (see below for more information).

Faculty Sponsors

Most articles require a faculty sponsor (e.g. person with a terminal degree, from UBC or another accredited institution). For academic articles and review articles, this might be a PI or supervisor, who must be listed as the last author and included in the [Multiple Author Submission Form](#). Reviews, Commentaries, and News articles that are conducted independently (i.e. without a supervisor) still require a faculty or expert sponsor who has expertise in the field. This expert sponsor must 1) read the manuscript in its entirety and 2) confirm that the content and style of the manuscript is suitable for submission to an academic journal. The author must include the name, qualifications, and contact information of the sponsor in their **cover letter** and confirm in writing that the individual has agreed to sponsor the manuscript.

Article Type	Faculty Sponsor
Academic	Yes, should be PI or supervisor
Review	Yes, should be PI, supervisor, or "expert sponsor"
Commentary (on a previously published journal article/study)	No
Commentary (personal experience as a trainee)	No
Commentary (clinical practice or medical treatment)	Yes, should be supervisor or "expert sponsor"
News (no clinical component)	No
News (clinical component)	Yes, should be supervisor or "expert sponsor"

Manuscript Components

The main manuscript file should include the components: a title page, abstract, main text, references, figure and table legends (if any), figures and tables (if any). Start each of these sections on a new page, numbered consecutively, with the title page as Page 1. **Figures and tables should be included at the end of the main manuscript file as well as uploaded separately as supplemental documents.**

Title Page

The title page should be the first page of the manuscript document. It should consist of the manuscript title; the full names, highest academic degrees, and affiliations of

all authors; name and contact information (email and phone number) of the corresponding author; manuscript word count not including title, abstract, acknowledgements, conflicts of interest, references, figures and table legends), and abstract word count. If the corresponding author is a medical student, please include their medical school class and site (e.g. VFMP 2021).

Tables, Figures, and Graphics

Authors are responsible for obtaining permission to use any tables, graphics, or figures adapted from other sources. All tables, figures, and graphics **must be submitted with the manuscript's main text as well as uploaded as supplemental documents on OJS**. List all figure and table legends after the main text, then embed each figure and table on a separate page. The legend should describe the figure and explain all abbreviations used. Figures should be digitally rendered; freehand-drawn figures, scanned figures and direct SPSS output will not be accepted. We accept the following image formats:

- JPEG 300 dpi or higher, minimum compression
- GIF 300 dpi or higher (NOT accepted for photographs)
- TIFF (photos only, no text, minimum 300 dpi)

References

Authors are responsible for the accuracy of references cited within the manuscript. References should follow the order in which they appear in the text. References must adhere to the **Vancouver Style**.

In-text references

In-text references should be indicated by numbering within **SQUARE** parentheses placed **IMMEDIATELY AFTER** punctuation marks where applicable (**no space**):

Diane Wu and Pam Verma, UBC medical students,[1] started the new UBCMJ in 2009.[2]

Journal titles

Journal titles should be written in their abbreviated versions (abbreviations found [here](#)). Only the first letter of the first word of the journal article is capitalized (as well as names). We also *italicize* the abbreviated journal title to be consistent with the

CMAJ. Unpublished articles and informal communication should also be cited in concordance with the Vancouver Style. Manuscripts are limited to 50 references and author(s) are encouraged to cite the most recent references where appropriate. Abstracts do not need to be referenced. For more information on the Vancouver Style, please visit [here](#).

For journal articles:

Author AA, Author BB, Author CC, Author DD. Title of article. *Italicized and abbreviated title of the journal*. Date of publication YYYY Mon DD; volume number(issue number):page range.

Example:

Petitti DB, Crooks VC, Buckwalter JG, Chiu V. Blood pressure levels before dementia. *Arch Neurol*. 2005 Jan 15;62(1):112–116.

For websites:

Author/organization's name. Title of the page [Internet]. Place of publication: Publisher; Date or year of publication [updated YYYY Mon DD; cited YYYY Mon DD]. Available from: URL

Example:

Diabetes Australia. Diabetes globally [Internet]. Canberra ACT: Diabetes Australia; 2012 [updated 2012 Jun 15; cited 2012 Nov 5]. Available from:[http://www.diabetesaustralia.com.au/en/ Understanding-Diabetes/Diabetes-Globally/http://www.diabetesaustralia.com.au/en/ Understanding-Diabetes/Diabetes-Globally/](http://www.diabetesaustralia.com.au/en/Understanding-Diabetes/Diabetes-Globally/http://www.diabetesaustralia.com.au/en/Understanding-Diabetes/Diabetes-Globally/)

Drug Names

Only generic names should be provided for drugs, except where tradenames are absolutely necessary for context. Drugs not yet available in Canada should be noted as such.

Permission from Contributors

The author(s) must obtain written permission to publish names listed in the Acknowledgements or Contributions where the manuscript or article contains any material(s) (including text, images or other media) or other contribution(s) belonging

to others. The author(s) are solely responsible for obtaining permission in writing from the owner(s) for its publication in *UBCMJ*.

Patient Consent

Where reports or articles contain any information that could potentially be used to identify a person, including images and written information, the author(s) must obtain written consent from the individual using the [Patient Consent for Publication form provided by UBCMJ](#). It is expected that the patient will have been provided with a final draft of the article and informed of the possible risks of this disclosure. **Patient consent is not to be sent to the journal with your submission but must be retained by the authors for a period of five (5) years.** It is expected that the author has read and understood *UBCMJ*'s consent policy prior to submission.

Review Process

Submissions will be initially reviewed by the relevant *UBCMJ* Section Editors as part of an initial screening process. Articles selected for further review will be sent as anonymized manuscripts to up to **3 reviewers**: one faculty member, clinician, or professional expert and one or two medical students. *UBCMJ* uses a **double-blind peer review process**: reviewer identities are kept confidential; author identities are also kept confidential.

The results of the review process will then be consolidated by the Section Editors, who will make a decision as to recommending the manuscript for publication. A committee of the Editors-in-Chief, Managing Editors, and Section Editors will determine if an article is accepted as well as what revisions are required. The editors reserve the right to edit manuscripts, overrule the decision of a peer reviewer, fit articles into available space, or suggest further changes to ensure conciseness, clarity, and consistency of the journal. Articles may be *accepted for publication*, *accepted with revisions*, or *rejected*. Author(s) will be notified of the status of their submission via email and comments of the reviewers will be communicated at that time.

Should an article be returned for revisions, author(s) will have **two** weeks upon return of the paper to make the necessary changes and return the corrected paper

to the corresponding Section Editor. Manuscripts may go through two to three rounds of revisions before being accepted for copyediting. The author(s) of accepted manuscripts will be required to authorize publication of the manuscript in its final format prior to its appearance in the journal. Revised copies of the manuscripts should be uploaded onto the OJS under “Editor Decision”. Should a paper be **rejected**, the author(s) will be notified as to the decision and be encouraged to re-submit after responding to all the reviewers’ comments and making corresponding changes to the manuscript. The re-submitted manuscript will be considered a new submission and will be subject to the standard review process of *UBCMJ*.

**** Please note that views expressed in this journal do not necessarily reflect the views of the editors, the Faculty of Medicine, or any organizations affiliated with this publication. They are solely the author(s)’ opinion and are intended to stimulate academic dialogue.**

Deadlines

The UBCMJ works on a very tight review and production schedule. Due to the large number of submissions expected, and in order to expedite the review process, it is strongly suggested that authors submit their manuscript as early as possible prior to the submission deadline. Earlier submissions are more likely to undergo review for the intended edition. Articles that cannot be reviewed for the current issue due to volume will be reviewed in the next cycle of submissions with priority status.

Correspondence

For any questions related to your submission, please contact the appropriate Section Editors. Thank you.

Academic Research (academic@ubcmj.com)

Case and Elective Reports (reports@ubcmj.com)

Reviews (reviews@ubcmj.com)

News and Letters (news@ubcmj.com)

Commentaries (commentaries@ubcmj.com)

Do not hesitate to contact the Managing Editor at managing.editor@ubcmj.com if you have any other submission-related inquiries.

40 **ABSTRACT**

41

42 **Background and purpose:** Please provide a brief background on your research topic. Clearly
43 state the purpose or central message of your manuscript. This section is generally 2-3 sentences.

44

45 **Methods:** Highlight the main methodology and statistical analyses used in your paper.

46

47 **Results:** Summarize the key findings of your research. The Results section generally tends to be
48 the longest section of your abstract.

49

50 **Conclusions:** A brief 1-2 sentence summary of your main findings or take-home message.

51

52

53

Original research, case reports, reviews, and commentaries require an abstract.

All abstracts have 250-word limit, with the exception of commentaries (100-word limit).

Abstract for original research should be structured, as shown here. Headings do not count
towards the 250-word limit.

54

Major headings: Arial, 15 pt
 Sub-headings: Arial, 12 pt
 Main text: Times New Roman 12 pt, Arial 11 pt, double-spaced

55 **INTRODUCTION**

56 Provide relevant background information for readers to understand the context of your research.

57 Conclude this section with a clear statement regarding the purpose of this manuscript.

58

59 **METHODS**

60 **Sub-heading 1**

61 Provide a detailed outline of your methodology and statistical analysis. Organizing your Methods

62 section with the use of sub-headings improves readability. Provide your research ethics

63 certificate number here if your study required ethics approval.

64

65 **Sub-heading 2**

66 Provide a detailed outline of your methodology and statistical analysis. Organizing your Methods

67 section with the use of sub-headings improves readability. Provide your research ethics

68 certificate number here if your study required ethics approval.

69

70 **RESULTS**

71 **Sub-heading 3**

72 State findings from you research in this section. Using sub-headings that correspond to the ones

73 in the Methods section may help with the organization of your manuscript.

74

75 **Sub-heading 4**

76 State findings from you research in this section. Using sub-headings that correspond to the ones

77 in the Methods section may help with the organization of your manuscript.

78 **DISCUSSION**

79 Begin with a brief one-paragraph summary of your key methodology. Provide interpretation and
80 implications of your findings. Discuss potential limitations or biases (and how you addressed
81 them).

82

83 **CONCLUSIONS**

84 A one-paragraph summary of key methodology and findings.

85

86

87

88

89 **ACKNOWLEDGEMENTS**

90 The authors would like to acknowledge the patients who allowed us to conduct this research. We
91 would also like to thank the hospital staff that contributed to patient recruitment. This work was
92 supported by the University of British Columbia Medical Journal Alumni Foundation.

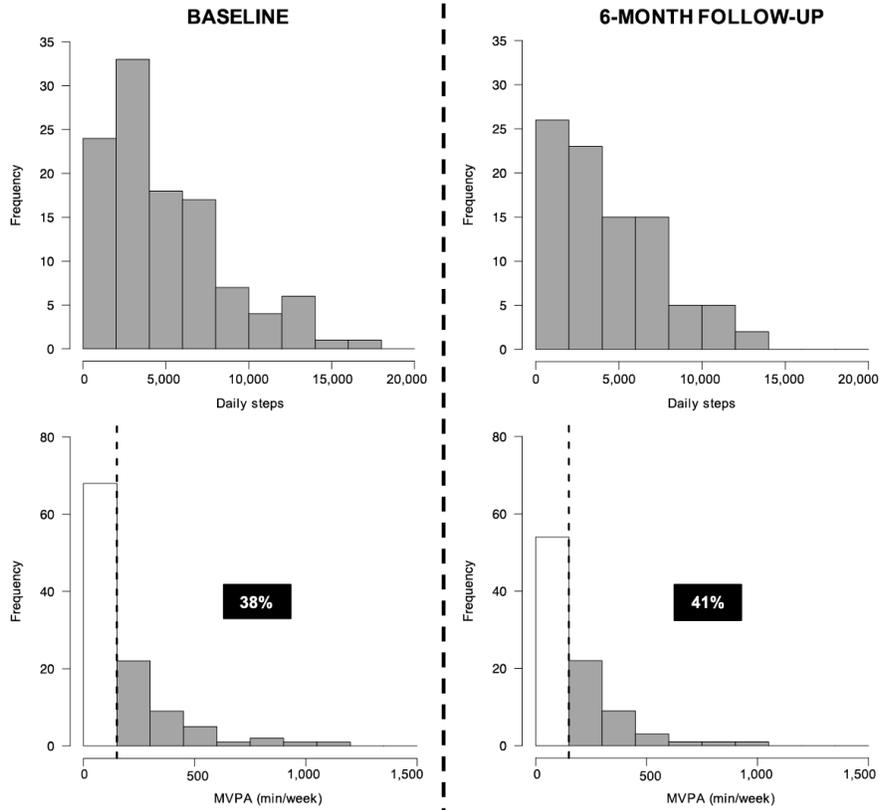
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94 **REFERENCES**

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Vancouver style , double spaced
(https://guides.lib.monash.edu/ld.php?content_id=14570618)

117 **FIGURES**
 118



119 **Figure. 1** Frequency distributions of daily step count and weekly MVPA minutes in
 120 patients with fibrotic ILD measured by waist activity monitors at baseline and 6-month
 121 follow-up. Dashed line indicates a minimum of 150 MVPA minutes/week recommended by
 122 physical activity guidelines; the percentage indicates the portion of patients who met this
 123 recommendation.
 124

125
 126 Abbreviation: MVPA, moderate-to-vigorous physical activity.
 127

Figures and tables should NOT be embedded within the text. They should be placed after references as shown here.

Descriptive captions for figures should be placed BELOW the figure.

128

129 **TABLES**

130

131 **Table 1. Unadjusted association of baseline clinical variables with physical activity at**
 132 **baseline and at 6-month follow-up.**

133

Variables	Baseline (n=111)		6-month follow-up (n=91)	
	Daily steps	MVPA (min/week)	Daily steps	MVPA (min/week)
Age, years	-0.39 (<0.001)	-0.36 (<0.001)	-0.37 (<0.001)	-0.41 (<0.001)
Male sex	- (0.52)	- (0.26)	- (0.82)	- (0.71)
Ever-smoker	- (0.042)	- (0.01)	- (0.13)	- (0.07)
Pack-years	-0.13 (0.20)	-0.18 (0.08)	-0.23 (0.04)	-0.29 (0.009)
Body mass index, kg/m ²	-0.13 (0.17)	-0.15 (0.12)	-0.05 (0.62)	-0.02 (0.88)
IPF vs. non-IPF	- (0.17)	- (0.72)	- (0.03)	- (0.18)
FVC, %-predicted	0.41 (<0.001)	0.40 (<0.001)	0.37 (<0.001)	0.30 (0.004)
DLCO, %-predicted	0.55 (<0.001)	0.54 (<0.001)	0.66 (<0.001)	0.56 (<0.001)
Depression (HADS)	-0.30 (0.001)	-0.17 (0.07)	-0.31 (0.003)	-0.28 (0.008)
Anxiety (HADS)	-0.05 (0.57)	-0.01 (0.86)	-0.04 (0.71)	-0.02 (0.86)
Sleep quality (PSQI)	-0.15 (0.12)	-0.09 (0.36)	-0.08 (0.47)	-0.07 (0.48)
Pain severity (BPI-SF)	-0.22 (0.02)	-0.16 (0.10)	-0.12 (0.27)	-0.06 (0.56)

134

135 Data shown are Spearman rank correlations with *p*-values in brackets. The Wilcoxon rank sum
 136 test was used for categorical variables.

137

138 Abbreviations: BPI-SF, Brief Pain Inventory short form; DLCO, diffusing capacity of the lungs
 139 for carbon monoxide; FVC, forced vital capacity; HADS, Hospital Anxiety and Depression
 140 Scale; IPF, idiopathic pulmonary fibrosis; IQR, interquartile range; MVPA, moderate-to-
 141 vigorous physical activity; PSQI, Pittsburgh Sleep Quality Index.

142

Figures and tables should NOT be embedded within the text. They should be placed after references as shown here. They should also be uploaded separately as supplemental files on OJS.

Descriptive captions for tables should be placed ABOVE the table.

143